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COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

SECRETARY OF THE SENATE

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Josie Villanueva	
Employing Office/Committee: Duckworth	<u> </u>
Travel Expenses Paid by (List all sources):	
Travel Date(s): May 27-June 3, 2017	
Description/Title of Attached Forms: RE-1 Form	<u> </u>
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Purpose of Amendment (describe the reason for amending original submission):	Post-travel submission is
incomplete. Required copy of the RE-1 Form was not submitted to the C	
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7/17/2017 (Date) (Signature of Traveler)

Date/Time Stamp:

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. 17 KFR 26 AM 9: 23 Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure

required post-daver discrosure.	
Name of Traveler:	Josie Villanueva
Employing Office/Committee:	Office of Senator Tammy Duckworth
Private Sponsor(s) (list all): Japan (Center for International Exchange
Travel date(s): May 27, 2017 - Jul	
Note: If you plan to extend th	e trip for any reason you <u>must</u> notify the Committee.
Destination(s): Tokyo, Japan and	Hiroshima
	connected to the traveler's official or representational duties:
This trip will discuss several	policy priority areas that fall under Josie's responsibility, including structure, workforce development, health policy, immigration and
Name of accompanying family members Relationship to Employee: Spous	e Child
I certify that the information contains 4/25/2014 (Date)	ed in this form is true, complete and correct to the best of my knowledge: (Signature of Employee)
TO BE COMPLETED BY SUPERVISIT Secretary for the Majority, Secretary for	NG SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, the Minority, and Chaplain):
, Senator Tammy Duckwo	
(Print Senator's/Officer's No	
related expenses for travel to the even duties as a Senate employee or an off private gain.	
4/25/17	Janne Jaron Jann
(Date) * (Revised 10/19/15)	(Signature of Supervising Senator/Officer) Form RE-1
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